# The relationship between racism, social class and health among ethnic minority groups

**Saffron Karlsen & James Nazroo**

> " Conventional strategies have not yet yielded sufficient insights to understand, let alone reduce or prevent, black/white differences in health." [1]

Despite continued interest in the relationship between ethnicity and health, both in the US and the UK, the indicators used to explore it still fail to account for central aspects of ethnic minority experience which may influence health. These aspects include the multi-dimensional and contextual nature of cultural identity, socio-economic disadvantage, and the impact of racial harassment and discrimination. Measures of 'ethnic group' used, particularly in health research, still tend to employ crude assessments of country of origin and skin colour, which, not surprisingly, lead to discussions that focus on, or at least imply, genetic and cultural explanations for the relationship between ethnicity and health. [2,3]

These measures are of limited use principally because they fail to recognise the dynamic and contextual nature of ethnicity. [4] Our project, using data from the Fourth National Survey of Ethnic Minorities (FNS), addresses some of these issues. [5] Here, we will explore the relationship between health and one of these central aspects of ethnic minority experience: racial harassment and discrimination. Racial harassment and discrimination may affect health in two ways: through the immediate physical and psychological consequences of harassment itself; and in the way racism leads to the identification of individuals as members of devalued ethnic minority groups, which leads to their exclusion and their consequent social disadvantage. [6]

## Methods

The FNS, which we are using to explore these issues, was a representative survey of ethnic minority and White people living in England and Wales, undertaken in 1993 and 1994 by the Policy Studies Institute and Social and Community Planning Research (now the National Centre for Social Research). The sample consisted of 5196 people of Caribbean, Indian, Pakistani, Bangladeshi and Chinese family origins and 2867 White people, who underwent a structured face-to-face interview conducted by an ethnically matched interviewer in the language of the respondent's choice. In addition to physical and mental health, the questionnaire covered a range of information on both ethnicity and other aspects of the lives of ethnic minority people, including demographic and socio-economic factors. [7]

## Findings

Published findings show that thirteen percent of respondents to the FNS had experienced some form of racial harassment in the last year: 1% had been racially assaulted, 2% had experience some form of racially-motivated property attack and 12% had been verbally abused. [7] Over a quarter of White respondents admitted they were prejudiced against Asian people and one in five said they were prejudiced against Caribbeans. And the extent of this prejudice was recognised by the ethnic minority respondents: one in five of them believed that most employers in Britain would refuse someone a job on the basis of race or religion and over two-fifths believed half or more employers would discriminate against ethnic minority applicants for a job. [7]

In terms of socio-economic disadvantage, findings from the FNS showed that more than four-fifths of Bangladeshi and Pakistani respondents, two-fifths of Caribbean and Indian respondents and a third of Chinese respondents had household incomes below half the national average, a recognised marker of poverty, compared with just over one in four White respondents. These findings suggest that both socio-economic disadvantage and racial discrimination could have a significant effect on the health of ethnic minority groups.

Age and gender standardised rates of self-reported health showed that, compared to the White respondents, the prevalence of fair or poor health was 44% higher among Pakistani and Bangladeshi respondents and 26% higher among Caribbeans. Indian and African Asians and Chinese respondents reported similar rates to White respondents.

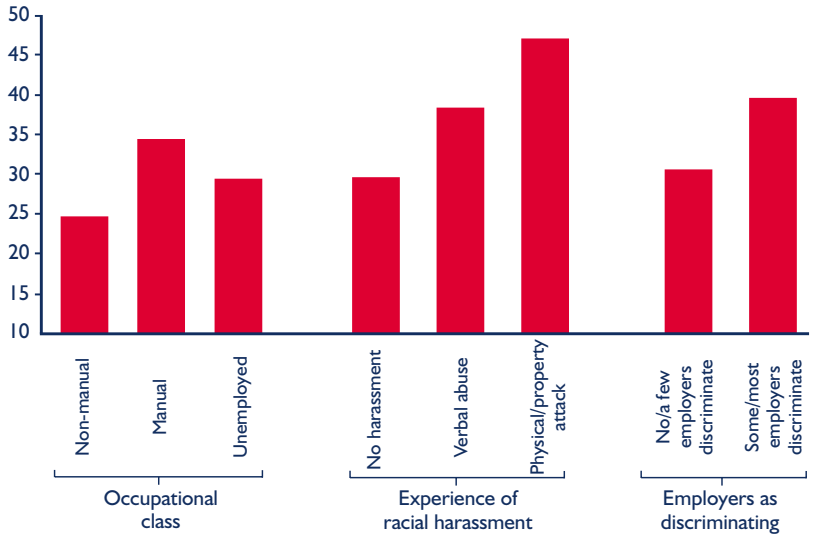
In this study, we conducted logistic regression tests to explore the relationship between experienced racial harassment and perceived racial discrimination and the reporting of fair or poor health among ethnic minority people. The logistic regression technique that we used allowed us to simultaneously take account of the influence of several factors that potentially increase the risk of fair or poor health. Factors that we included were:

- occupational class;
- whether the respondent had been the victim of racial harassment in the last year;
- whether the respondent perceived British employers to discriminate against members of ethnic minority groups;
- gender and age.

Findings are presented graphically in Figure 1, in terms of the predicted percentage of people reporting fair or poor health once other factors in the logistic regression test had been held constant.

There was a statistically significant relationship between occupational class and self-reported fair or poor health. The figure shows that manual workers had a 60% greater odds of reporting fair or poor health than those in non-manual occupations. There was also a statistically significant association between reported fair or poor health and experience of racial harassment. Those who reported having experienced racially-motivated verbal abuse had a 50% greater odds of reporting fair or poor health compared with those who had not experienced racial harassment. Those who said they had experienced a racially-motivated assault or damage to their property were over twice as likely to report fair or poor health.

**Figure 1:** Predicted per cent of ethnic minority respondents reporting fair or poor health*




**Controlled for age and gender*

There was also a statistically significant association between perceiving British employers as discriminating against members of ethnic minority groups and self-reported fair or poor health. Those that believed some or most British employers to be discriminating had a 60% greater odds of reporting fair or poor health compared with those who believed no or few employers were.

## Conclusion

Current assessments of the factors that influence the health of ethnic minority groups typically take a limited view of the impact of structural factors: both in their ability to adequately account for the different forms of structural disadvantage experienced by ethnic minority groups, and as they fail to account for the various ways in which racial harassment and discrimination can directly impact on physical and mental health. The findings from this study suggest that there are significant independent relationships between the reporting of fair or poor health and perceived racial discrimination, experienced racial harassment and socio-economic disadvantage. Any action directed towards explaining or reducing ethnic inequalities in health needs to take account of this.

*Saffron Karlsen is a Research Fellow and James Nazroo is Senior Lecturer in Sociology at the Department of Epidemiology and Public Health, University College London*

## References

1. Krieger, N., Rowley, D.L., Herman, A.A., Avery, B. & Philips, M.T. (1993) 'Racism, sexism and social class: implications for studies of health, disease and wellbeing' *American Journal of Preventive Medicine*, 9, 2, 82-122: 84.
2. Nazroo, J.Y. (1998) 'Genetic, cultural or socio economic vulnerability? Explaining ethnic inequalities in health' *Sociology of Health and Illness*, 20, 5, 710-730.
3. Sheldon, T.A. & Parker, H. (1992) 'Race and Ethnicity in Health Research' *Journal of Public Health Medicine*, 14, 2, 104-110.
4. Ahmad, W.I.U. (1996) 'The trouble with culture' in Kelleher, D. & Hillier, S. (eds.) *Researching cultural differences in health*, London: Routledge: 214.
5. Karlsen, S. & Nazroo, J.Y. (2000) 'Identity and Structure: Rethinking ethnic inequalities in health' in Graham, H. (ed.) *Understanding Health Inequalities*, Buckingham: Open University Press (forthcoming).
6. Miles, R. (1989) *Racism*, London: Routledge.
7. Modood, T., Berthoud, R., Lakey, J., Nazroo, J., Smith, P., Virdee, S. & Beishon, S. (1997) *Ethnic Minorities in Britain: Diversity and Disadvantage*, London: Policy Studies Institute.